Partner Counseling and Referral Services

	Intervention Plan – mple for 1 Intervention) ¹		
		Primary Population	Secondary Population
Agency Name/ID:	Risk Population Mark the risk population this form describes. This list reflects CDC's surveillance hierarchy of exposure categories. If an intervention serves multiple risk populations, choose one primary and one secondary risk population.	 MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public 	MSM MSM/IDU IDU Heterosexual Mother with/at risk for HIV General Public

Check which of the following best describes your agency:

CBO - Minority Board

Date:

• State Health Department

· Academic Institution

• Individual

 CBO - Non-Minority Board Other Nonprofit

- Local Health Department Other Government

- · Research Center

- Other

HIV-Infected Clients To Receive PCRS With CDC Funds(M=male; F=female; T=transgender; NT=sex not targeted)	# 19 years old			20 – 29 years old			30 + years old			Age data not available							
	М	F	Т	NT	М	F	Т	NT	М	F	Т	NT	М	F	Т	NT	TOTAL
American Indian/Alaska Native																	
Asian/Pacific Islander																	
White																	
Black																	
Other																	
TOTAL																	
Hispanic																	
Non-Hispanic																	
TOTAL																	

¹ This form is an example that can be used to characterize the critical elements for each intervention of this type. If helpful, data from these forms can then be aggregated to meet the reporting needs described in Volume 1: Guidance.